

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Sarah Butler* Town *Jennings* County *Garrett*

Died at *Jennings*

Date of death *1908* Month *March* Day *14* Age *79* Years Months *2* Days *4*

Sex *Female* Color or Race *White* Birth-place *Somerset Co. Pa*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *John G.W. Butler*

Father's Name *Robert Patton* Father's Birthplace *Barbours*

Mother's Maiden Name *Eva G. Withelty* Mother's Birthplace *Barbours*

Name of person giving information *Jessie Butler* How related to deceased *son*

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary *Influenza* How long *Two weeks*

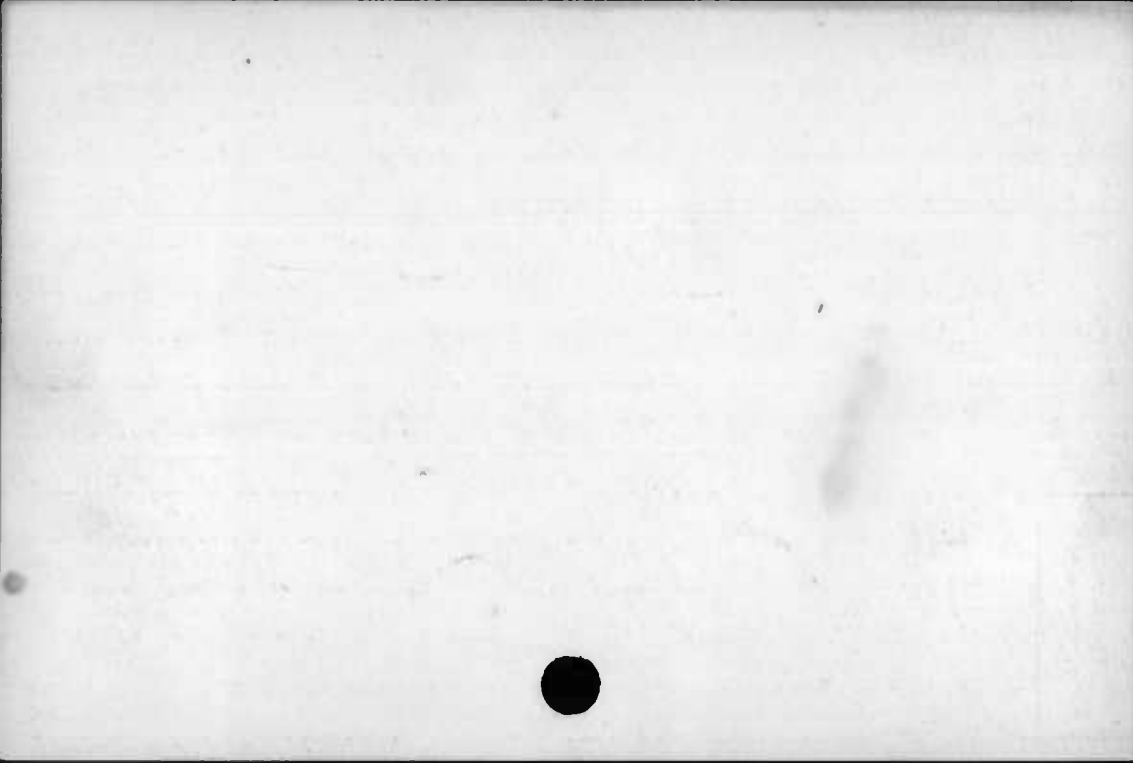
Immediate *Lobar Pneumonia* How long *Four days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. J. Bowen M.D.*

Address *Grantville*

Accident or Suicide?



Name  
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John M. Duckworth

## CERTIFICATE OF DEATH

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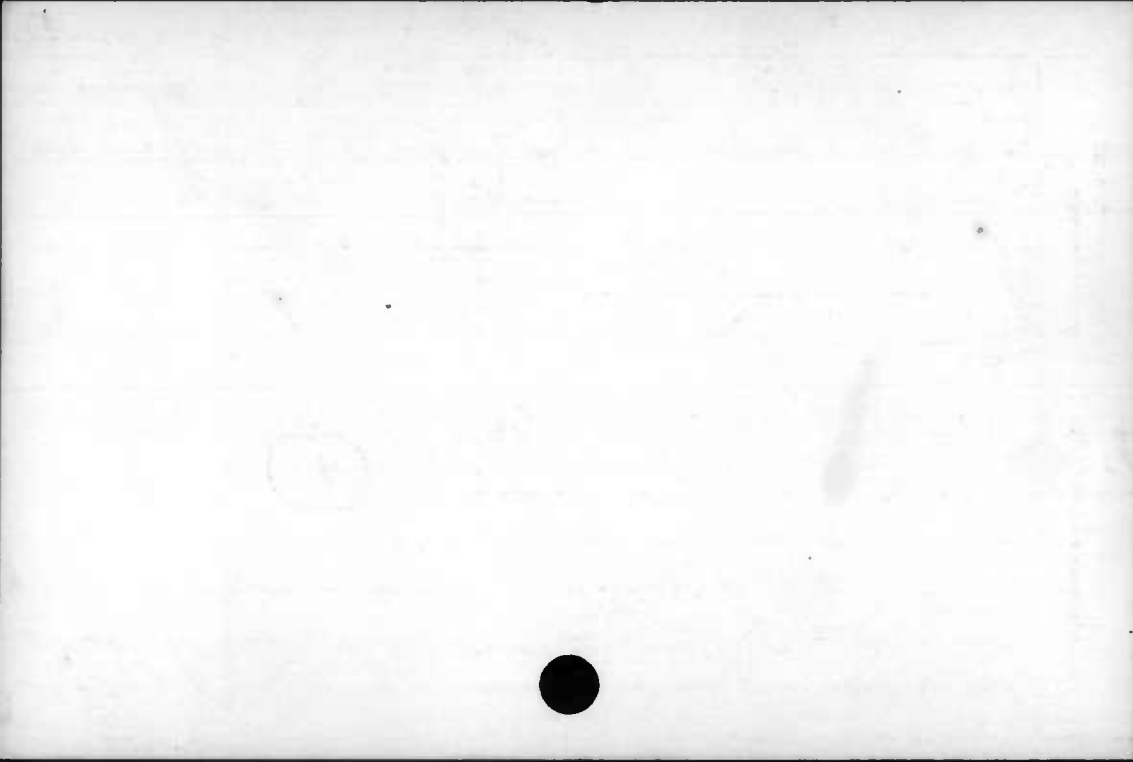
Died at		Town Bloomington		County Garrett		MARYLAND					
Date of death		Month 1908		Day 8		Age Years —		Months 4		Days 16	
Sex male		Color or Race white		Birth- place Bloomington Md.							
Occupation Infant				Where Residing if not at place of death —							
Married, Single or Widowed		Single		Name of Wife or Husband —							
Father's Name		Andrew Maudie Duckworth				Father's Birthplace		Md			
Mother's Maiden Name		Martha Smith				Mother's Birthplace		Wva			
Name of person giving In formation		A. M. Duckworth				How related to deceased		Father			

## CAUSES OF DEATH

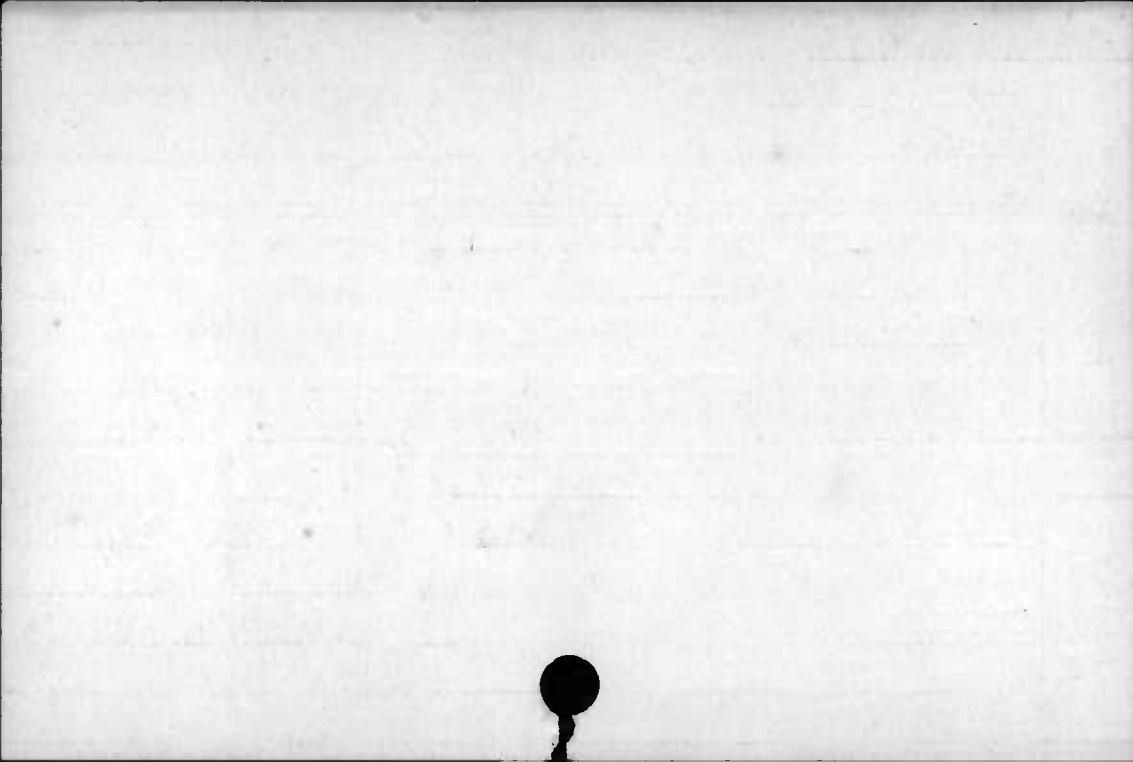
93

PHYSICIAN  
OR CORONER

Primary	cold	How long	4 days
Immediate	Pneumonia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		C. J. Fazenbaker M.D.	
Address		Westport Md	
Accident or Suicide?			



Name In Full		William Hackman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cove</u> Town		County <u>Garrett</u>		MARYLAND	
		Date of death <u>1908</u> Month <u>March</u> Day <u>30</u>		Age <u>80</u> Years		Months <u>-</u> Days <u>-</u>	
		Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Germany</u>	
		Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Cove Ind.</u>			
		Married, <u>Single</u> or <u>Widowed</u>		Name of Wife or <u>husband</u> <u>Amanda Hackman</u>			
		Father's Name <u>not known</u>		Father's Birthplace <u>Germany</u>			
		Mother's Maiden Name <u>"L. H. Hackman"</u>		Mother's Birthplace <u>Germany</u>			
Name of person giving information <u>L. H. Hackman</u>		How related to deceased <u>Son</u>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">106</div>							
PHYSICIAN OR CORONER		Primary <u>Inflammation of bowels etc</u>		How long <u>1 day</u>			
		Immediate <u>Old age</u>		How long			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Peter Nathan, S.R.</u>			
				Address <u>Grantsville</u>			
		Accident or Suicide?		<u>Med.</u>			



Name  
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Orel Mills

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
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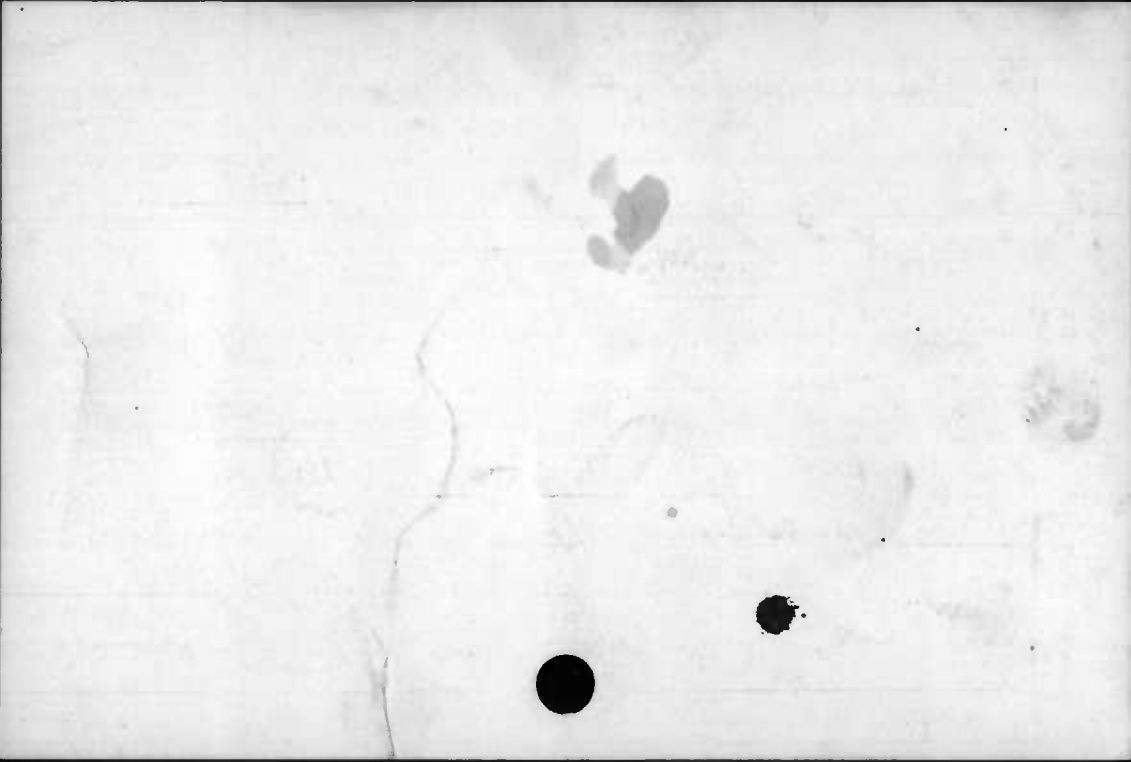
Died at <del>Garrett Co</del> <sup>Town</sup> 14		<sup>County</sup> Garrett Co		MARYLAND	
Date of death	1908	Month	March	Day	19
Age	7	Years	7	Months	5
Sex	Male	Color or Race	White	Birth-place	Garrett Co
Occupation	✓		Where Residing if not at place of death At place of death		
Married, Single or Widowed	✓		Name of Wife or Husband —		
Father's Name	Frederick C. Mills			Father's Birthplace	W. Va
Mother's Maiden Name	Emma R. Hodeheaver			Mother's Birthplace	Garrett Co
Name of person giving information	F. C. Mills			How related to deceased	Father

## CAUSES OF DEATH

76

PHYSICIAN  
OR CORONER

Primary	Suppurative inflammation of middle ear.	How long	Two weeks
Immediate	Meningitis	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. W. Thomas
		Address	Oak land, Garrett Co Md
Accident or Suicide?	✓		





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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Emerson Paul Myers</i>		Town <i>Friendville</i>		County <i>Garrett</i>		State <i>MARYLAND</i>	
Died at <i>Mar</i>		Month <i>Mar</i>		Day <i>15</i>		Age <i>7</i> Years <i>23</i> Months <i>23</i> Days	
Date of death <i>1908</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Walter G. Myers</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Lilian S. Sewitt</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Walter G. Myers</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	<i>Lagrippe</i>	How long	<i>2 wks</i>
Immediate	<i>Peritonitis</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>A. F. Mason M.D.</i>	
Address		<i>Friendville Md.</i>	
Accident or Suicide?			

Blooming Rose

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

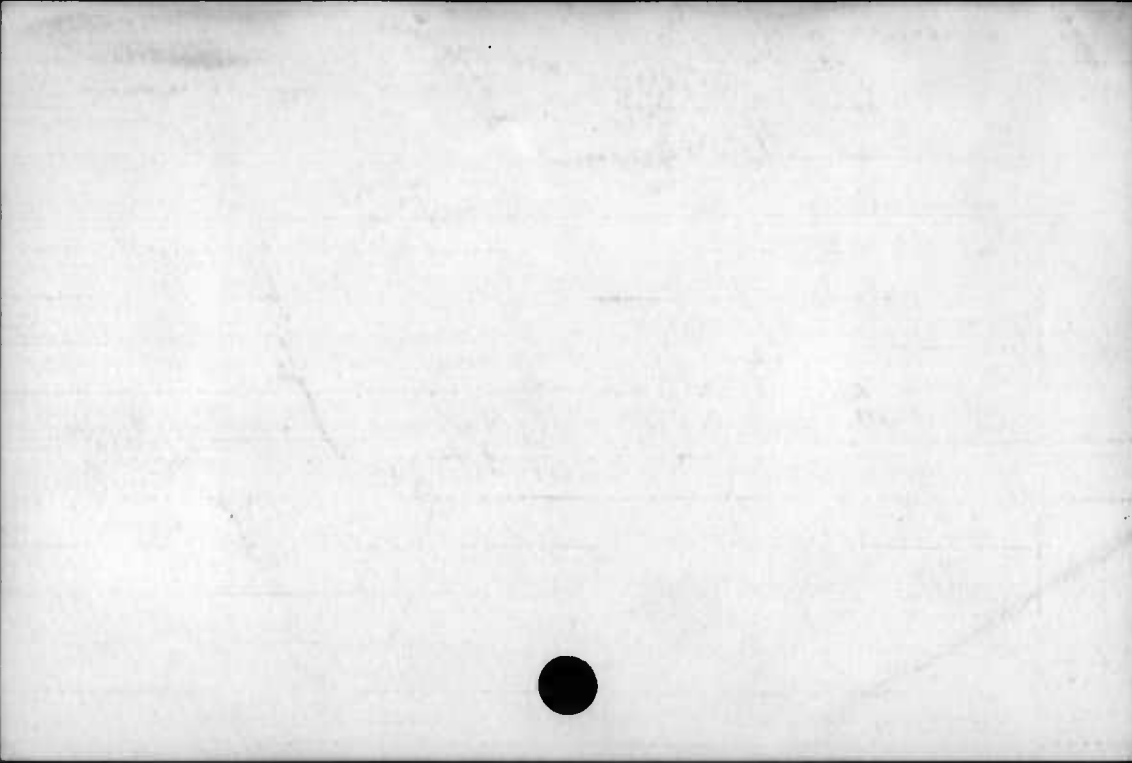
Died at <u>Bittinger</u> Town		<u>Gorrie</u> County										
Date of death	1905	Month	16	Day	16	Age	77	Years	9	Months	16	Days
Sex	<u>Male</u>		Color or Race	<u>white</u>		Birth-place	<u>Cool Md</u>					
Occupation	<u>farmer</u>				Where Residing if not at place of death	<u>Bittinger Md</u>						
Married, Single or Widowed	<u>married</u>		Name of Wife or Husband	<u>Louisa Beck</u>								
Father's Name	<u>Henry Beck</u>					Father's Birthplace	<u>Pa</u>					
Mother's Maiden Name	<u>Alice Buehly</u>					Mother's Birthplace	<u>Pa</u>					
Name of person giving information	<u>E. B. Beck</u>					How related to deceased	<u>Son</u>					

## CAUSES OF DEATH

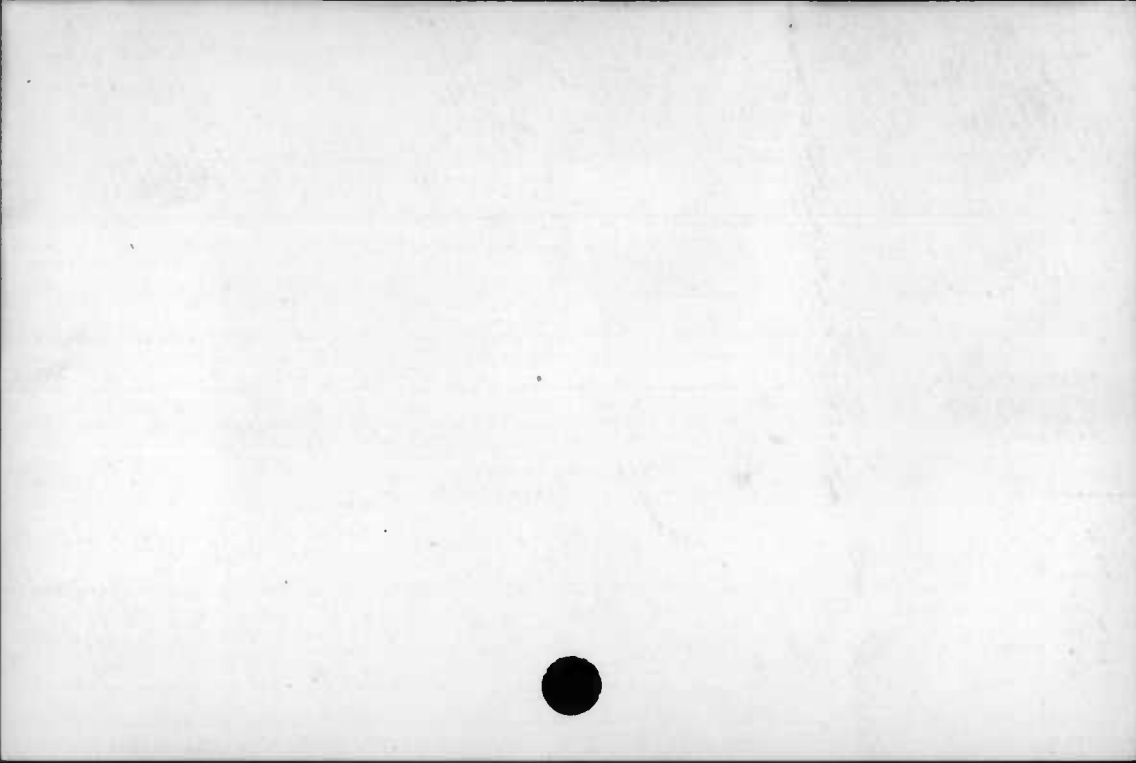
154

PHYSICIAN  
OR CORONER

Primary	<u>Senility</u>	How long	<u>6 mos.</u>
Immediate	<u>most probably shock failure</u>		
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>H. B. Boyer MD</u>
		Address	<u>accident</u>
			<u>Md</u>
Accident or Suicide?			



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Oakland</u> Town		County <u>Gorrie</u>	
		Date of death <u>1908</u> Month <u>Mar</u> Day <u>27</u>		Age <u>24</u> Years Months <u>10</u> Days <u>5</u>	
		Sex <u>male</u>		Color or Race <u>white</u>	
		Occupation <u>Laborn</u>		Birth-place <u>WVa</u>	
		Where Residing if not at place of death			
<input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> Widowed		Name of Wife or Husband <u>Miss Pfeiffer</u>			
Father's Name <u>Leonard Simmons</u>		Father's Birthplace <u>WVa</u>			
Mother's Maiden Name <u>Mary Susan Helmeick</u>		Mother's Birthplace <u>WVa</u>			
Name of person giving information <u>Leonard Simmons</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Menigitis</u>		How long <u>week</u>	
		Immediate <u>Menigitis</u>		How long	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>M. C. Hurlbath</u>	
				Address <u>Oakland Md</u>	
		<input checked="" type="checkbox"/> Accident or Suicide? <u>5</u>			



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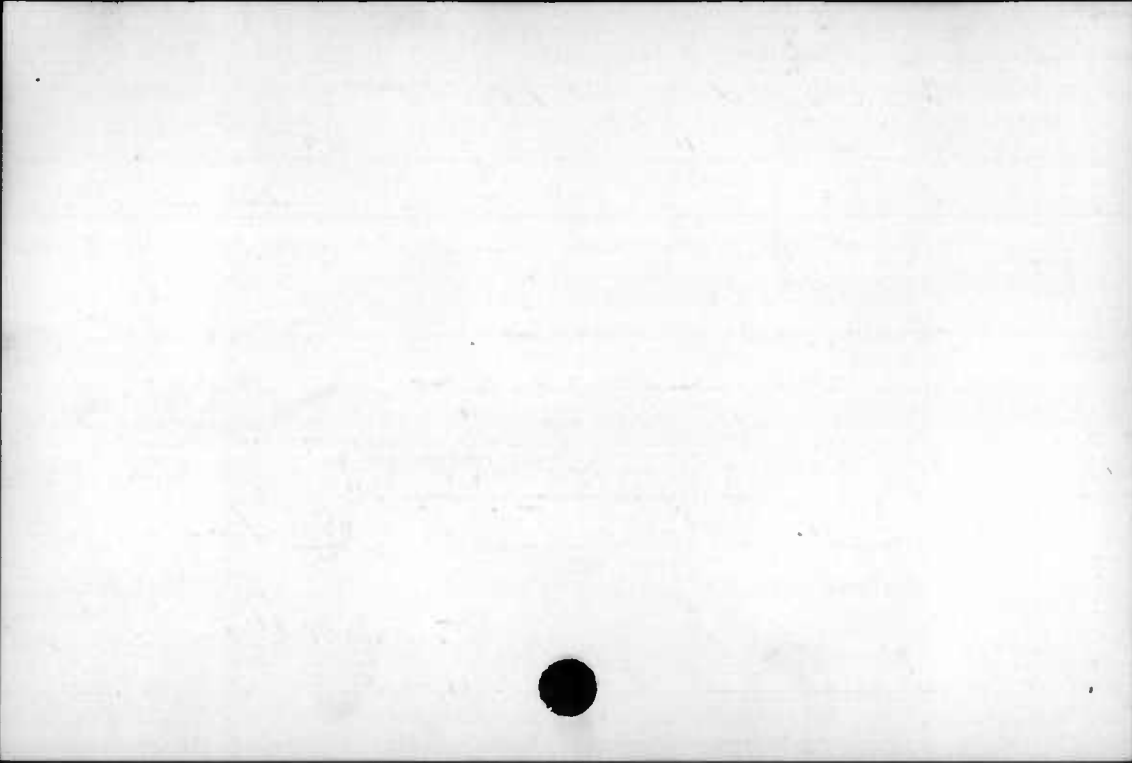
Died at		Town <i>Oakland</i>		County <i>Garrett</i>		MARYLAND	
Date of death	1908	Month <i>March</i>	Day <i>11</i>	Age <i>✓</i>	Years <i>16</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Garrett Co</i>				
Occupation <i>✓</i>				Where Residing if not at place of death <i>Hairmont - W Va</i>			
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Howard Smoore</i>				Father's Birthplace <i>W. Va</i>			
Mother's Maiden Name <i>Harnice, L...</i>				Mother's Birthplace <i>Garrett Co</i>			
Name of person giving In formation				How related to deceased			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Enteric Colic</i>	How long <i>Two weeks</i>
Immediate	<i>Gumous Excretion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. W. H. Thomas</i>
		Address <i>Oakland Md</i>
Accident or Suicide? <i>✓</i>		





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Ann Isabelle Stanton

CERTIFICATE OF DEATH

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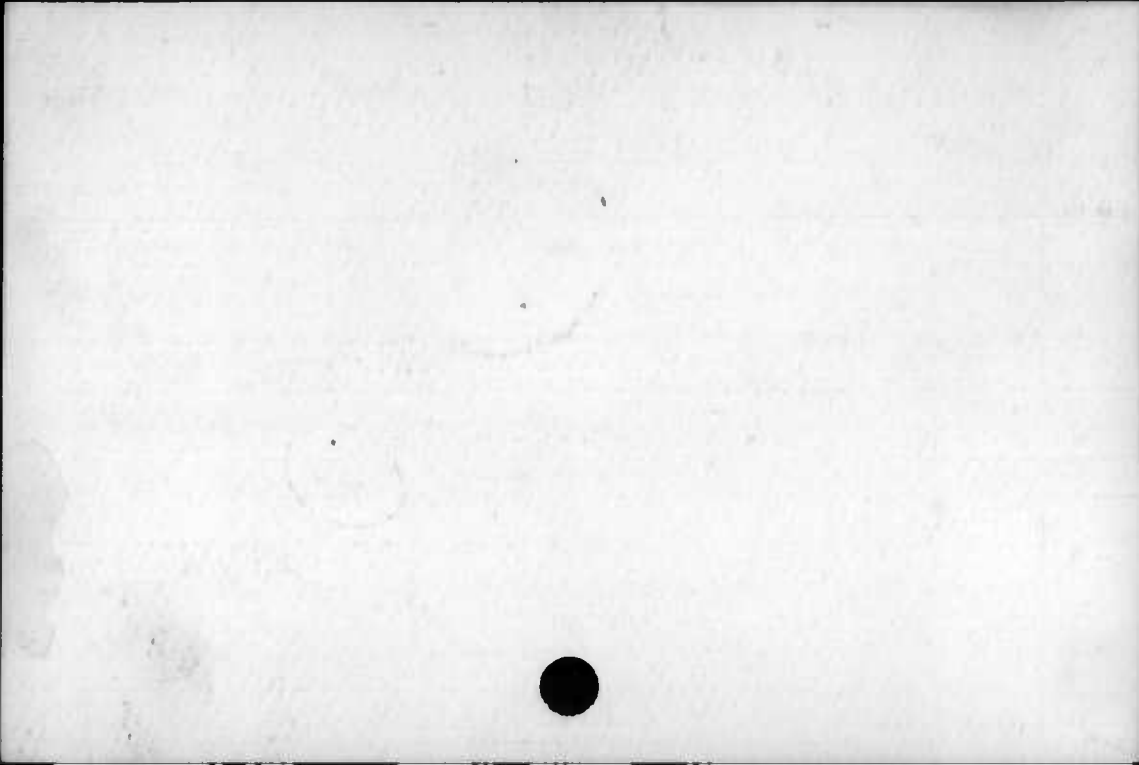
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		March	31st	61		1	10
Sex	Female	Color or Race	White	Birth-place	Md.		
Occupation	housekeeping			Where Residing if not at place of death			
Married, Single or Widowed	single			Name of Wife or Husband			
Father's Name	William Stanton				Father's Birthplace	Md.	
Mother's Maiden Name	Mary Ann Pidgeley				Mother's Birthplace	Md.	
Name of person giving information	Urban C. Blocher				How related to deceased	nephew	

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

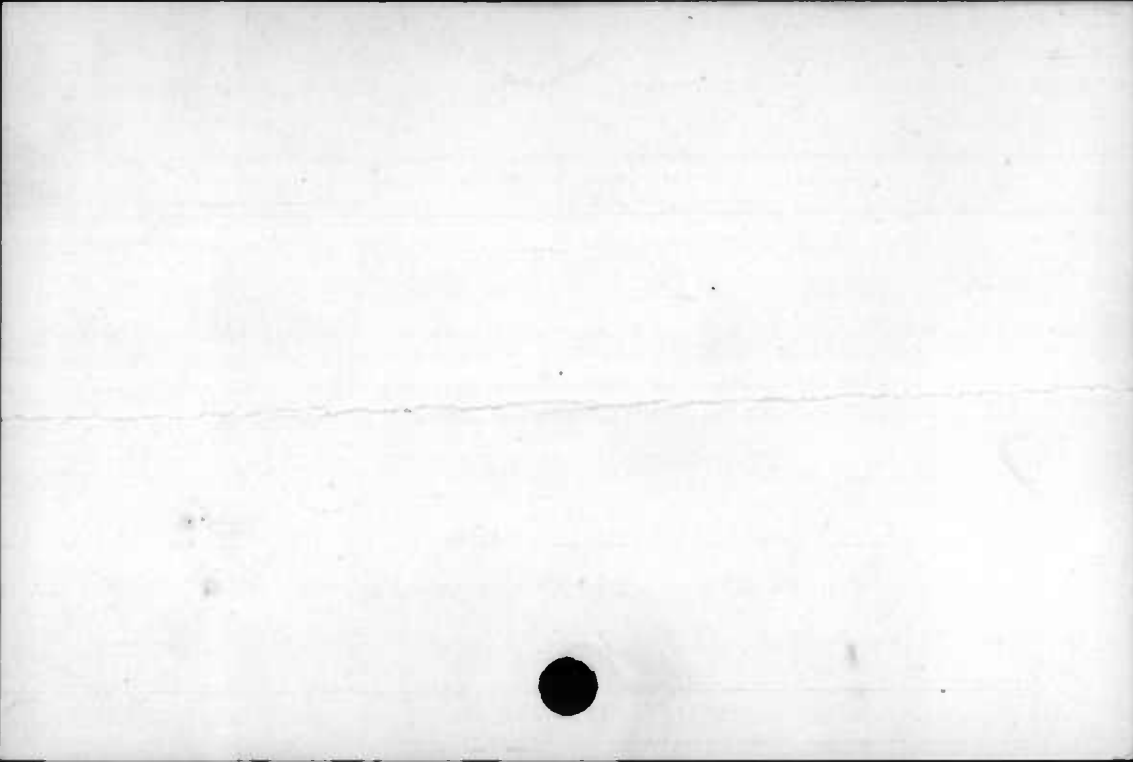
Primary	How long
Immediate	How long
Cerebral Apoplexy	33 hrs.
Are the name, age, sex, color, date and place correctly given above?	Yes.
Signature of Physician	A. C. Bowen M.D.
Address	Crantsville
Accident or Suicide?	No.



Name in Full		Infant Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town White Rock		County Garrett		MARYLAND
	Date of death		1906	Month Mar	Day 25	Age Years	Months —
	Sex		Female		Color or Race		White
	Occupation		—		Birth- place		Maryland
	Where Residing if not at place of death		—				
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Lesley Thomas		Father's Birthplace		
Mother's Maiden Name		Alice Savage		Mother's Birthplace			
Name of person giving In formation		a. c. Sines		How related to deceased			Know relation
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 10px; width: 100px; margin: 0 auto;">151</div>							
PHYSICIAN OR CORONER	Primary		Premature (Supposed)		How long		
	Immediate		—		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
	—		Address				
Accident or Suicide?		—		No. Physician Local B. of Health			

Jansons Cemetery

Name in Full		John Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Thomas dist 10		County Garrett		MARYLAND	
	Date of death	1908	Month	May	Age	72	Months
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Farmer		Where Residing if not at place of death			
	Married, Single or Widowed	married		Name of Wife or Husband			
	Father's Name	Aaron Thomas				Father's Birthplace	W. Va
	Mother's Maiden Name	Peggy Doll				Mother's Birthplace	W. Va
Name of person giving information	James Lisle				How related to deceased	none	
<div>CAUSES OF DEATH</div> <div>10</div>							
PHYSICIAN OR CORONER	Primary	La Grippe				How long	about three weeks
	Immediate	Peritonitis				How long	three days
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Address		
	Accident or Suicide?						



Name  
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NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at

Infant  
Town  
Grantsville

County

Warwich  
Garrett

Date

of death

1908

Month

March

Day

21

Age

Years

Months

Days

9

Sex

Male

Color or  
Race

White

Birth-  
place

Grantsville Md

Occupation

Infant

Where Residing if not  
at place of death

Grantsville Md

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Infant

Father's  
Name

Clarence Warwick

Father's  
Birthplace

New Germany

Mother's  
Maiden Name

Maggie Wiseman

Mother's  
Birthplace

Grantsville Md

Name of person giving  
Information

Geo. Wiseman

How related  
to deceased

Uncle

## CAUSES OF DEATH

Primary

Sudden

How long

151

Immediate

Lack of Chest Expansion

How long

9 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

H. T. Robinson

Address

Grantsville Md

Accident or Suicide?

No

